

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000008589

1. Entity Name

DESTINATION MARKETING & SERVICES, INC.

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FILED
Jul 26, 2000 8:00 am
Secretary of State

07-26-2000 90011 045 ***150.00

Principal Place of Business

4625 E BAY DR
SUITE 312
CLEARWATER FL 33764

Mailing Address

4625 E BAY DR
SUITE 312
CLEARWATER FL 33764

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3054923

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAPITAL CONNECTION, INC.
417 E VIRGINIA ST
SUITE 1
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SNAPP, W. RANDOLPH**
STREET ADDRESS **4625 E BAY DR SUITE 312**
CITY-ST-ZIP **CLEARWATER FL 34624**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/20/00

Date

Daytime Phone #

CR2E034 (5/00)

Attachment
DH# 9410W008589
D0074656

**Destination Marketing & Services, Inc.
4625 East Bay Drive, Suite 312
Clearwater, FL 33764**

**Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314**

July 20, 2000

To Whom it May Concern,

We recently returned from business out of the country and we found our second notice from your office for our Uniform Business Report. We did not receive a first notice. We are out of the country a lot with our business, and we did have an employee that was taking care of the business while we were away. As you can see, some things were obviously overlooked. Fortunately, this employee is no longer with us and we are now trying to take care of all the things that were overlooked. We have included our check for \$150 and we are asking for an abatement of penalties because as you can see from our record, we have always paid our renewal fee on time. We do apologize for any inconvenience this has caused and appreciate your prompt attention to this matter. Thanks again for your understanding.

Sincerely,

**Randolph Snapp, Pres.
Destination Marketing & Services, Inc.**